

# GSN MEMORANDUM OF UNDERSTANDING

Version Date: March 2016

GSN Federal ID number: 20-4371453

A **Memorandum of Understanding** (MOU) is required of an agency/organization when they agree to partner with and fulfill membership requirements in association with Good Samaritan Network (GSN). The MOU provides documentation demonstrating how both parties intentionally and willingly collaborates and coordinates their working relationship.

This Memorandum of Understanding (MOU) may be required in order to obtain community and grant support and confirms collaboration with GSN. It is intended to describe how GSN will provide collaborative networking opportunities and resources. Further, it articulates an overview of basic services and responsibilities for both parties.

## **A. Description of Services:**

GSN, upon membership with the applicant, agrees to make its programs and services available to the applicant listed herein or as may be developed during the term of this agreement.

GSN provides regular Network meetings and offers or promotes classes, workshops, events, activities and training geared to enhance the applicant's ability to actively impact the social/human service needs of the Hamilton County community.

Several times throughout the year GSN offers activities, resources and events that may require a nominal registration fee and may be based on its most current membership model described herein.

## **B. Execution of Services:**

GSN coordinates with and supports the local social/human services and faith-based community by coordinating communications and providing educational and training resource. These services may be available at differing times, dates, methods and at various sites/locations throughout Hamilton County. Additionally, individual/client services will be scheduled on an appropriate as-needed basis. GSN services may require application completion.

## **C. Expectations:**

The applicant, through its own efforts and management, will provide GSN with consistently updated organizational contact information which may include a self-editing profile approach provided by GSN.

The applicant will be responsible for collecting and submitting to GSN their annual statistical information related to its community impact (individuals served, volunteer participation, etc.) as requested, as statistics are available.

Through an established relationship GSN works within the confines of a referral agreement between the applicant, their clients and GSN. The applicant supports this on-going relationship and agrees to provide timely and relevant GSN information to its normal client and contact streams regarding GSN services, particularly via: newsletters, flyers, posters, website and other appropriate mediums.

GSN equally provides and promotes timely and relevant applicant services thru various mediums whenever possible and as timelines afford.

We prefer the applicant use "MustLOOK" calendar/event notification online form to communicate calendar events and activities, allowing GSN to repurpose provided information as timelines afford.

Applicant agrees that GSN consistently utilizes and engages email notifications for communication purposes and will not unsubscribe, organizationally, accordingly.

## **D. Community Impact/Benefit:**

GSN accepts deliberate responsibility for communicating and collaborating various opportunities between the applicant and GSN which intentionally benefit Hamilton County residents. Supporting an awareness of need-meeting opportunities, events and activities impacting the underserved/at-risk residents is of primary importance for both parties.

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## E. Mutual Confidentiality:

In order to ensure the integrity and safety of clients, the applicant, and Good Samaritan Network, all parties to the MOU, agree to adhere to a confidentiality: material, knowledge, or information that the parties wish to share with one another for certain purposes, but wish to restrict access to or by third parties.

## F. Terms of Agreement:

The MOU, while subject to change at any time, will be reviewed annually and will remain in effect from the date of signatory until suspended by a subsequent memorandum or canceled by written notice.

Services will be available for the duration of the MOU/Membership fulfillment which is at-will. Further, it MOU activation occurs when signatures of properly authorized agency representatives are affixed and payment is received.

Applicant agrees that GSN will provide annual renewable invoices for membership notification.

Signatories must be authorized to sign on behalf of the applicant (agency/organization) and must include title and agency name. Your original signed MOU remains on file unless replaced by a new MOU or signatory.

Registration for membership model events without current/activated membership will necessitate full registration payment fulfillment.

## G. Waiver:

The applicant agrees to hold harmless Good Samaritan Network, any and all of its individual members, officers, staff and directors from and against any claims, demands, causes of action, loss, expense or liability arising out of or in any way connected to the applicants participation and membership with GSN.

## H. Service Provider Experience:

The Good Samaritan Network of Hamilton County, Inc., was formed in March of 1995, evolving from a group of programs and services in existence since early 1980. GSN is a network of the non-profits located in Hamilton County who support Good Samaritan in its effort to assess the true needs of clients and assist them with county-wide support services, while reducing duplication of effort. GSN is the umbrella organization that coordinates various response efforts and develops numerous opportunities for Hamilton County constituents by its network and client support services and activities. A virtual database empowers churches and organizations with a reliable means of reference checking and decision-making prior to serving Hamilton County clients. GSN offers life skill training instances through a series of structured courses that provide at-risk individuals with the necessary tools for developing specific and definite abilities, empowering them and their families for honest growth and development. Just as importantly, these educational opportunities have the potential to enable them with likely transformation and allow them to see the possibility of healthy steps toward life-change.

## SUBMISSION:

Once you complete the **MOU Membership Form** you can easily:

- **SCAN** it and return it by **email** to: **[info@gsnlive.org](mailto:info@gsnlive.org)**
- **FAX: 317.842.4766**, or you can return it via **mail**
- or return it **IN PERSON to GSN**

An **invoice** complete with a payment link will be issued once your completed MOU is received.

**Payment methods** include: credit card or check.

Once a completed MOU is received and payment is fulfilled membership is **activated**.

## LOGOS:

Applicant's current/available logo for website placement/resolution should be submitted to: **[info@gsnlive.org](mailto:info@gsnlive.org)**

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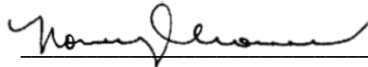
## MOU Membership Form

Please complete the information below. Upon signing please photo copy for your files then return original to GSN.

Accepted and agreed to on this \_\_\_\_\_ day of \_\_\_\_\_ year \_\_\_\_\_.

### Service Provider:

Good Samaritan Network



Nancy Chance, Founder/Executive Director

### Good Samaritan Network of Hamilton County, Inc.

12933 Parkside Drive

Fishers, IN 46038

Phone: (317) 842-2603

Fax: (317) 842-4766

Email: nchance@gsnlive.org



### Applicant:

\_\_\_\_\_  
*Signatory / Position / Title*

Print Contact Name: \_\_\_\_\_

Org./Agency/Name: \_\_\_\_\_

Mail Address: \_\_\_\_\_

(If different) Physical Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Org./Contact Email: \_\_\_\_\_

Website: \_\_\_\_\_

- I will forward a current copy of our LOGO
- I will link GSN's website and its logo to our site(s)

#### Select Annual Membership:

- Primary Membership (\$99)
- Associate Membership (\$30)

#### OFFICE USE ONLY

OFFICE MOU Rec'vd date: \_\_\_\_\_

CHECK Rec'vd date: \_\_\_\_\_

Invoice Date/#: \_\_\_\_\_

INITIALS: \_\_\_\_\_

Website Posting/Logo/Digital POSTED: \_\_\_\_\_

CR.CARD Auth. date: \_\_\_\_\_